

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/27/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150082	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/22/2011
NAME OF PROVIDER OR SUPPLIER DEACONESS HOSPITAL INC			STREET ADDRESS, CITY, STATE, ZIP CODE 600 MARY ST EVANSVILLE, IN47747		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
S0000	<p>This visit was for the investigation of one (1) state licensure complaint.</p> <p>Date of survey: 6-21-11 through 6-22-11</p> <p>Facility number: 005074</p> <p>Complaint number: IN00088688 Substantiated, Deficiency related to allegation cited.</p> <p>Surveyor: Jennifer Hembree RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 07/05/11</p>	S0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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S1510	<p>410 IAC 15-1.6-2(b)(2)(A)(B)(C)</p> <p>(b) The emergency service shall have the following:</p> <p>(2) Written policies and procedures governing medical care provided in the emergency service are established by and are a continuing responsibility of the medical staff. The policies shall include, but not be limited to, the following:</p> <p>(A) Provision for the care of the disturbed patient.</p> <p>(B) Provision for immediate assessment of all patients presenting for emergency and obstetrical care.</p> <p>(C) Provision for transfer of patients when care is needed which cannot be provided.</p> <p>Based on document review and staff interview, the facility failed to appropriately address pain for 1 of 5 patients (patient #1) and failed to follow facility policy for pain management for 2 of 5 patients. (patient #1 and #3)</p> <p>Findings include;</p> <p>1. Facility policy titled "PAIN MANAGEMENT" last reviewed/revised 2/8/11 states the following on page 1: "II. POLICY: It is the policy of (facility #1): (A) To provide all patients with safe, optimal pain management.... (C) Self-reporting is the single most reliable</p>	S1510	<p>S1510 Corrective Action Plan Deficiency: Corrective Action to be Taken: Prevention of Future Deficiencies: Responsible Parties: Target Date: Status Effective Date of Submission of POC: S1510: Emergency Services Re-assessment of pain management intervention and reporting to physician in accordance with Hospital Policy Review and revise (as warranted), Policy 40-27: Pain Management to ensure proper reassessment time frames and documentation verbiage is present and meets requirements. ED Nursing Leadership Nursing Leadership Risk Management</p>	10/12/2011	

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	<p>indicator of the existence and intensity of pain.</p> <p>III. RESPONSIBILITY:</p> <p>(A) Physicians: It is the physician's responsibility to include an assessment of pain and provide orders for its management.</p> <p>(B) Nursing: Initial and ongoing assessments will include pain assessment, evaluation for administration of pain control measures, and effectiveness of the measures....."</p> <p>Page 2 of same policy states: "A measure of pain intensity and a measure of pain relief <u>as reported by the patient</u> will be assessed and documented as follows:.....</p> <p>2. With each new report of pain or after any pain-producing events.".....</p> <p>5. After each pain management intervention once sufficient time as lapsed for the treatment to reach peak effect. The recommended interval for reassessment following administration of pain medications is 15-30 minutes after intravenous, intramuscular, or subcutaneous analgesia, and one hour after oral or rectal analgesia....."</p> <p>2. Review of patient #1 medical record indicated the following:</p> <p>(A) He/she presented to the ED at 4:31 a.m. on 3/21/11 with complaint listed as neck injury that had occurred two (2) weeks previously and had gotten progressively worse. The patient rated his/her pain at a 10 on a pain scale of 1-10 (1=no pain and 10=excruciating pain). The patients blood pressure was 165/100 at the time of triage with no history of hypertension.</p>		<p>Pharmacy 07/14/11 Begin policy review. 7/20/11 Policy review and any warranted revisions completed. COMPLETED 07/14/11 Risk Management and Nursing Management from ED reviewed SOD and P&P 40-27. 07/18/11 Risk Management, Pharmacy, and ED Nursing Management reviewed. Input made from all parties. 7/20/11 Risk Management, Pharmacy, and Hospital-wide Nursing Leadership conducted in-depth review of P&P 40-27, including input from 7/18/11. Policy changes made and approved. COMPLETED</p> <p>Deficiency: Corrective Action to be Taken: Prevention of Future Deficiencies:</p> <p>Responsible Parties: Target Date: Status Effective Date of Submission of POC:</p> <p>Communicate policy review/revision to Deaconess Leadership. ED Nursing Leadership Administrative Secretary 7/21/11 Begin submission of revisions to Administrative Secretary. 8/12/11 Policy 40-27 to be completed, published, and distributed with acknowledgement by one-half of ED Staff by 09/12/11 and by all ED Staff by 10/12/11. 7/21/11 Information gathered from input incorporated into statements for revision of Policy 40-27. 7/21/11 Request for policy revision sent to Administrative Secretary.</p>		

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	(B) The record states at 5:59 a.m. " Pts family member to the desk stating pt needed help. When entering the room pt was pacing around the room, and eventually got on his knees and was holding his head. Despite asking pt to please get onto the cart (he/she) layed on the floor on his back, pt was assisted to the bed. Pts family member then stated " (he/she) is in so much pain, (he/she) needs something. " I explained to the pt that he would have to be seen by a physician first and that someone would be with them as soon as possible. Pts family member continues to come out of the room and pace the hall, she comes to the nurses station and stares at the doctor for long periods of time. RN aware of pt and current behavior. " (documentation by PCA #1) (C) The record lacked documentation that the RN went back to the patients room to evaluate/reassess the patient per policy or that a physician was notified of the patients condition at 5:59 a.m.. (D) M.D. #1 examined the patient at 6:30 a.m. Final impression was listed as " Cervical radiculopathy " . (E) The patient was not given pain medication. He/she received an intramuscular (IM) injection of Dexamethasone (steroid) at 7:10 a.m. (Per Nursing Spectrum drug handbook pg 331-332, Dexamethasone is used for an allergic and inflammatory condition, cerebral edema, or suppression test for Cushing ' s syndrome. Onset of an I.M. injection is 1 hour.) (F) He/she was discharged at 7:43 a.m. on		Deficiency: Corrective Action to be Taken: Prevention of Future Deficiencies: Responsible Parties: Target Date: Status Effective Date of Submission of POC: Educate Emergency Department staff on policy with emphasis on pain assessment & pain reassessment. ED Nurse Leadership ED Educator 07/18/11 Begin ongoing monitoring. 07/19/11 Share information surrounding S1510 with ED Staff during Department Meeting. COMPLETE 7/21/11 Reminder on Track Board COMPLETE 7/25/11 Educational roll out to staff begins. Posters posted in Staff Lounge. 07/18/11 Discussion with ED Educator on educational needs of the ED in relation to pain assessment and reassessment. Requested education be developed for Nurses and PCAs. Copy of policy will be used as basis for education. 07/19/11 Staff meeting conducted and deficiencies discussed. Advised Staff of Policy revisions and upcoming Staff education via Web Inservice. Stressed importance of assessing and reassessing pain AND notifying physician/documenting. Deficiency: Corrective Action to be Taken: Prevention of Future Deficiencies: Responsible Parties: Target Date: Status Effective Date of Submission of POC:		

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	<p>3/21/11 with a pain rating of 8.</p> <p>3. Review of patient #3 medical record indicated the following: (A) He/she presented to the ED at 6:00 p.m. on 3/22/11 with injuries to the face and hand from a dirt bike accident. The patient rated his/her pain at a 7 on a pain scale of 1-10 (1=no pain and 10=excruciating pain). (B) Nurse practitioner (NP) #1 examined the patient at 7:30 p.m. Final impression was listed as right hand pain, right wrist pain, cervical strain and sprain, head injury and left orbital fracture. (C) The patient was given I.V. Morphine (pain medication) at 8:27. The medical record lacked documentation that the patient was reassessed after the medication administration per facility policy. (D) He/she was discharged at 11:15 p.m. on 3/22/11.</p> <p>4. Staff member #3 indicated the following in interview at 3:35 p.m. on 6/21/11: (A) Patient #1's pain was not treated while he/she was in the ED. (B) There was no reassessment of pain for patient #3 after pain medication administration.</p> <p>5. Staff member #7 indicated the following in interview beginning at 2:30 p.m on 6/22/11.: (A) He/she verified that the hospital violated its policy on pain management in 2 of 5 patients (pts.#1 and 3) because they</p>		<p>7/28/11 WebInservice assigned to all ED Staff with completion date of 9/1/11. 8/1/11 Monitoring of Web Inservice completion rates on a weekly Monitoring of Web Inservice completion rates on a weekly basis. 9/1/11 Education to be concluded. 7/21/11 Reminder for pain assessment/reassessment placed in the banner on the Tracking Board. This message will remain visible at all times to staff when Track Board view is open. Deficiency: Corrective Action to be Taken: Prevention of Future Deficiencies: Responsible Parties: Target Date: Status Effective Date of Submission of POC: Perform audits on pain assessment and pain reassessment to ensure policy compliance. ED Nursing Leadership Team Leaders 07/22/11 Begin ongoing monitoring. 8/1/11 Weekly Audits to start with OFIs sent to staff out of compliance. 7/22/11 Development of Pain Management Audit tool based on policy 40-27 requirements. 7/22/11 Share tool with ED Team Leads for review and questions/revision as necessary thru 8/1/11. Investigate EMR features to assist in staff reminders for reassessment times. ED Nursing Leadership CIS - ASAP 07/19/11</p>				

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	<p>failed to re- assess the patients ' response to the pain management intervention.</p> <p>(B) The hospital also violated their policy on patient 1 when a new report of pain was taken by the PCA and reported to the RN. The RN did not assess the patient ' s changed pain status after receiving this information from the PCA.</p> <p>Documentation did not demonstrate that this information was reported to the physician.</p>		<p>Begin ongoing monitoring.</p> <p>7/21/11 COMPLETE for now.</p> <p>Will reintroduce this option in future when Upgrades are made.</p> <p>7/19/11 Email sent to CIS-ASAP Team asking them to investigate the possibility of reminder bells to appear on Track Board to indicate "Pain Reassessment Due" based on Medication Given trigger. This would provide another visual reminder for staff to reassess pain levels following medication administration.</p> <p>7/21/11 Verbal discussion with member of CIS-ASAP indicated at the present</p> <p>Deficiency: Corrective Action to be Taken: Prevention of Future Deficiencies:</p> <p>Responsible Parties: Target Date: Status Effective Date of Submission of POC:</p> <p>time, with our present version of EPIC, this is not possible. There is no means of triggering an event of medication type/route given. An upgrade may be coming in 2012, which may provide the functionality for a build of this type. Therefore, this idea will be brought forth whenever the upgrades are made available at Deaconess.</p>		